

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SB</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>1/1</i>	<i>5/28</i>	<i>8-20-01</i>
RESPONSE FORMALITY REVIEW	<i>A.T</i>	<i>10/1</i>	<i>11/30/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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